



Application Civil Commitment Treatment Contractor

COUNCIL ON SEX OFFENDER TREATMENT
Texas Department of Health
Professional Licensing & Certification Division
1100 West 49th Street
Austin, Texas 78756-3183
(512) 834-4530
(512) 834-4511 (fax)

Please Print or Type

Applicant Profile Data

| | | | |
|-------------------------|-------------------|---------|--------------------|
| Name | (Last) | (First) | (Middle) |
| Mailing Address | (Street & Number) | | (Apartment Number) |
| | (City) | (State) | (Zip Code) |
| Business Address | (Street & Number) | | (Suite Number) |
| | (City) | (State) | (Zip Code) |

**Do Not Write
in This Space**

BUDGET 5B503

FUND # 00001

Have you ever changed your name through marriage or through action of a court, or have you ever been known by any other name?

_____ Yes (If yes, list) _____ No

Social Security Number

- -

Gender

| Name(s) | Date(s) of Change | copy of the legal document accomplishing name change |
|---------|-------------------|--|
| | | |
| | | |

Date of Birth
/ /

Home Telephone

() -

Business Telephone

() -

Primary License You must ENCLOSE a copy of your Primary License .

State

Lic#

Fax Number

() -

E-Mail Address

Other License(s)/Certification(s) List the name of the Agency, the State where license/certification was issued, and the license/certification.

State

Lic#

Highest Level of Education

Please Print or Type

- 1) How many years have you been providing sex offender therapy? _____ Years
- 2) What is your average program length? _____

- 3) How many hours of sex offender treatment have you conducted in the last year?
Group _____ Individual _____ TOTAL _____
- 4) How many hours of experience do you have formally evaluating and/or conducting groups of sex offender treatment within a consecutive five-year period?
TOTAL _____
- 5) How many hours of experience do you have formally evaluating and/or conducting individual sex offender treatment within a consecutive five-year period?
TOTAL _____
- 6) What is your typical group size? _____

- 7) How do you calculate group hours? _____

- 8) What is your recent experience in leading groups with sex offenders in group therapy?

- 9) Have you personally facilitated a sex offender group therapy in the last 3 years? Yes _____ No

If yes, what is your group therapy schedule? _____

- 10) To whom would you refer your client for a plethysmograph? _____

- 11) How do you address deviant sexual arousal in sex offenders? _____

- 12) If you are not using behavioral techniques, please explain why. _____

- 13) Have you been convicted of any criminal offense? Yes _____ No

If yes, please explain and provide a certified copy of the official judgment and disposition, including dates, charges, city, and any other pertinent information concerning the offense(s).

=====

- 14) Have you received deferred adjudication for a sex offense? Yes _____ No

If yes, please explain and provide a certified copy of the official judgment and disposition, including dates, charges, city, and any other pertinent information concerning the offense(s).

- 15) Have you ever been found guilty of unprofessional or unethical conduct in a civil or administrative law proceeding? Yes _____ No

If yes, please explain. _____

- 16a) How do you resolve a disagreement with a probation/parole officer or a judge over your sex offender treatment plan? _____

- 16b) Has a disagreement over your sex offender treatment plan ever occurred with a judge or parole/probation officer? Yes _____ No _____

- 16c) How did you resolve the disagreement? _____

Please note additional sheets may be attached.

Please Print or Type

- 17) How do you deal with a client who is resistant to therapy? _____

- 18) Why are you interested in providing services for the Outpatient Sexually Violent Predator Treatment Program? _____

- 19) How much time would a sexually violent predator take to complete your program? _____

AFFIDAVIT

I attest that I understand and meet all the requirements to practice as a sex offender treatment contractor. Further, I understand that it is a violation of the Texas Penal Code, Sec. 37.10 to submit a false statement to a government agency. I understand and agree to follow all recommendations, guidelines and policies set forth by the Council.

Signature of Applicant

Date

STATE OF TEXAS

COUNTY OF _____

Sworn and subscribed to before me, the undersigned authority, on this ____ day of _____, _____.

NOTARY SEAL

Notary Public in and for The State of Texas

Typed or Printed Name

My Commission Expires

Council on Sex Offender Treatment Survey

Name: _____ Social Security No. _____

Type of service (Check those that apply): _____

☐ Outpatient ☐ Inpatient ☐ Residential ☐ Institutional - Criminal Justice

Services provided (Check those that apply):

☐ Individual ☐ Group ☐ Family ☐ Victim

☐ Parent of juvenile sex offender

Which of the following groups of sex offenders do you treat?

(Check those that apply):

☐ Adult Males ☐ Adult Females ☐ Juvenile Males ☐ Juvenile Females

☐ Mentally Retarded ☐ Dev. Disabled ☐ Adjud. Adults Only ☐ Adjud. Juveniles Only

Of the following, which most closely applies to your program model?

(Check those that apply):

☐ Behavioral ☐ Behavioral/Cognitive ☐ Bio-Medical

☐ Family Systems ☐ Psycho/Socio/Educational ☐ Psychoanalytic

☐ Psychotherapeutic ☐ Relapse Prevention ☐ Sexual Addictive

☐ Other: _____

Fees and Payments:

Your fee per session: Group _____ Individual _____

Do you provide an assessment? ☐ Yes ☐ No _____

If yes, what is your fee for a full assessment? _____

Do you use a sliding scale for fees? ☐ Yes ☐ No _____

Do you accept insurance co-payments? ☐ Yes ☐ No _____

General Questions:

Are you willing to work with a case manager? _____ ☐ Yes ☐ No

Are you will to provide court-ordered therapy? ☐ Yes ☐ No

Do you offer therapy in any foreign language(s)? ☐ Yes ☐ No

If yes, then what languages(s)? _____

Do you treat sexual offenders in a separate group? ☐ Yes ☐ No

How many sex offenders are you currently treating? _____

Of the following treatment modalities, which do you include in your treatment program? (Check all that apply):

Assessment

- ☐ Clinical Polygraph ☐ Penile Plethysmograph ☐ Psychological Testing
☐ Abel Screening ☐ Other Specify: _____

Cognitive Restructuring

- ☐ Thinking Errors ☐ Distortions ☐ Journal Keeping ☐ Writing Assignments

Sexual Assault Cycle

- ☐ Pre-assault/assault cycle ☐ Relapse Cycle ☐ Addictive Cycle

Aftercare Planning

- ☐ Alcoholics Anonymous ☐ Adult Children of Alcoholics
☐ Incest Survivors Anonymous ☐ Narcotics Anonymous

Behavioral

- ☐ Covert Sensitization ☐ Masturbatory Conditioning ☐ Biofeedback
☐ Modified Aversive ☐ Masturbatory Training ☐ Fantasy Work
☐ Behavior Rehearsal ☐ Sexual Arousal Card Sorts ☐ Shaming
☐ Aversive Techniques _____ Olfactory _____ Faradic _____ ☐ Sexual Arousal

Personal Victimization ☐ Trauma

Social Skills Training ☐ Relaxation Techniques ☐ Stress Management

Medication

- ☐ Antipsychotic ☐ Depo-provera ☐ Minor Tranquilizers
☐ Anti-depressants ☐ Other: _____

Frustration Tolerance

- ☐ Impulse Control ☐ Communication ☐ Assertiveness Training
☐ Conflict Resolution ☐ Victim Empathy ☐ Sex-role Stereotyping
☐ Values Clarification ☐ Victim Apology ☐ Sex Education
☐ Prosocial Sexuality ☐ Homosexuality ☐ Homophobia
☐ Sexual Attitudes Assessment ☐ Sexually Transmitted Diseases

**Applicants must provide
(3) three letters of
reference.**



**Letter of Reference
&
Affidavit for a Civil Commitment
Treatment Contractor**

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I understand that _____ has applied with the Council on Sex Offender Treatment to provide treatment to sexually violent predators who have been civilly committed. He/She has requested that I provide an affidavit regarding the applicant's experience assessing and providing cognitive behavioral treatment with sex offenders.

**pp I certify that the answers and statements provided below are TRUE &
COMPLETE, pp
to the best of my knowledge.**

My Name is _____

My Occupation is _____

I have been personally acquainted with the applicant for _____

_____ **Have**
you ever supervised the applicant? 9 Yes 9 No

If Yes, during what period? _____

Why did the applicant leave your supervision?

To the best of your knowledge, has the applicant ever:

- | | | | |
|----|---|-------|------|
| a. | been charged or convicted of a felony? | 9 Yes | 9 No |
| b. | been accused, investigated, and/or involved in unprofessional or unethical conduct? | 9 Yes | 9 No |
| c. | been denied membership in, or terminated from, a professional organization? | 9 Yes | 9 No |

Applicant’s professionally paid experience supervising sexual assault perpetrators or violent offenders.

THE STATE OF TEXAS '

COUNTY _____'

Before me, the undersigned authority, personally appeared _____ ,
who being duly sworn, deposed as follows:

My name is _____ . I am over _____ years of age, capable of making this affidavit, and
personally knowledgeable of the facts stated in it.

_____ Further, affiant sayeth not.

Affiant
SUBSCRIBED AND SWORN TO before me by the said _____ on this the _____ day
of _____ , _____, to certify which witness my hand and seal of office.

NOTARY SEAL

Notary Public in and for The State of Texas

Typed or Printed Name

My Commission Expires:

Texas Department of Health Child Support Certification

The Texas Family Code, '231.006, places certain restrictions on child support obligors. Contractors with governmental entities or nonprofit corporations are not subject to '231.006.

The contractor identified below is not a governmental entity or a nonprofit corporation and certifies to the following:

1. The contractor is: (check one)

An individual or sole proprietor, or
 A business entity (corporation, partnership, joint venture, limited liability company, association, etc.)

2. The contractor certifies that the following is a complete list of the names and Social Security numbers of either (a) the individual or sole proprietor who is the contractor or (b) each partner, shareholder, or owner with an ownership interest of at least 25 percent of the contractor /business entity (attach additional sheet if necessary):

(A) Printed Name: _____
 Social Security Number: _____

(B) Printed Name: _____
 Social Security Number: _____

3. Under the Texas Family Code, '231.006, the contractor certifies that the individual or business entity named in this contract, bid, or application is eligible to receive the specified grant, loan, or payment and acknowledges that this contract may be terminated and payment may be withheld if this certification is inaccurate. A child support obligor who is more than 30 days delinquent in paying child support or a business entity in which the obligor (who is more than 30 days delinquent) is the sole proprietor, partner, shareholder, or owner with an ownership interest of at least 25 percent is not eligible to receive the specified grant, loan or payment. The contractor understands that it is the contractor's responsibility to verify whether a child support obligor who is more than 30 days delinquent is the sole proprietor, partner, shareholder or owner with an ownership interest of at least 25 percent.

4. Printed Name of Contractor: _____

- Printed Name of Authorized Representative
 Signing this Certification: _____

- Signature of Authorized Representative: _____

- Date: _____